# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3137-0081)

**TITLE OF INFORMATION COLLECTION:** Grants to States All States Conference Evaluation

#### **PURPOSE:**

The annual Grants to States All States Conference attendees include the Library Services and Technology Act (LSTA) Coordinators from each of the 50 states, the District of Columbia, and participating outlying territories. The LSTA coordinators are one of IMLS' key customers, playing a central role in administering the LSTA funds allocated to each state, including coordinating grant reporting. The annual All States Conference is held in order to (1) Train LSTA coordinators about reporting requirements associated with allotments; (2) Provide a forum within which coordinators can share best practices with each other; and (3) IMLS program officers and staff can share results from the State Program Report as a way to continuously improve the information gathered via the annual reporting about projects funded by IMLS.

IMLS seeks to gather feedback from the LSTA Coordinators about the annual meeting.

### **DESCRIPTION OF RESPONDENTS:**

**TYPE OF COLLECTION:** (Check one)

Conference attendees are the LSTA Coordinators and will be asked to respond to the survey (Attachment A), which will be provided in their conference packet. Attendees will be asked to hand in their survey before leaving the conference, with ample time during the conference to complete the short survey.

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[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group	<ul><li>[X] Customer Satisfaction Survey</li><li>[ ] Small Discussion Group</li><li>[ ] Other:</li></ul>			
CERTIFICATION:				
I certify the following to be true:				
1. The collection is voluntary.				
2. The collection is low-burden for respondents and low-cost for the Federal Government.				
3. The collection is non-controversial and does <u>n</u> agencies.				
4. The results are <u>not</u> intended to be disseminated	d to the public.			
5. Information gathered will not be used for the policy decisions.	purpose of <u>substantially</u> informing <u>influential</u>			
6. The collection is targeted to the solicitation of experience with the program or may have expe	1			
Name:Lisa M. Frehill				

To assist review, please provide answers to the following question:

<ol> <li>Personally Identifiable Information:</li> <li>Is personally identifiable information (PII) collect</li> <li>If Yes, will any information that is collected be in Privacy Act of 1974? [ ] Yes [ ] No Not Applied</li> <li>If Yes, has an up-to-date System of Records Notice Not Applicable</li> </ol>	cluded in records	that are subject t	
Gifts or Payments: Is an incentive (e.g., money or reimbursement of experimental participants? [ ] Yes [X] No	enses, token of ap	preciation) provid	ded to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burder
Conference attendees (non-IMLS staff)	66	5 min/resp.	5.5 hr
<ul> <li>provide answers to the following questions:</li> <li>The selection of your targeted respondents</li> <li>1. Do you have a customer list or something similar respondents and do you have a sampling plan for [X] Yes [] No</li> </ul>		-	al
If the answer is yes, please provide a description of be the answer is no, please provide a description of how respondents and how you will select them?		1 - 1	
A sample will not be drawn. The customer list is the l States All States Conference. Each attendee will be g complete it before they leave the conference.			
Administration of the Instrument  1. How will you collect the information? (Check all  [] Web-based or other forms of Social Media  [] Telephone  [X] In-person  [] Mail  [] Other, Explain  2. Will interviewers or facilitators be used? [] Yes	a		

Please make sure that all instruments, instructions, and scripts are submitted with the request.

## Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

### If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.